

# Tobacco Surveillance Report

October, 2006

## Spit Tobacco Use in Montana Men The 2005 Adult Tobacco Survey

**Snuff** is ground or finely shredded tobacco flavored with various sweet or salty additives. It is placed between the cheek and gum. **Chewing tobacco** is more coarsely shredded tobacco, also often flavored, and sold as loose leaves. **Plug** is tobacco leaf cured in molasses or other syrup, then pressed in sheets and cut into blocks or plugs. Snuff, chewing, and plug tobaccos have more aggressive nicotine delivery than cigarettes due to high pH (alkalinity) of the mixture. One dip or chew can deliver up to five times the nicotine of a single cigarette.<sup>1</sup> All forms of spit tobacco release nicotine rapidly into the oral cavity where it is readily absorbed by the mucosa to provide a quick nicotine high.<sup>2</sup> As a result, it is very addictive. Many spit tobacco users hold the wad of tobacco in their mouths for long periods of time to provide a continuous infusion of nicotine. This results in excess salivation, with concomitant spitting -- hence the common term "spit tobacco."

Tobacco companies market these forms as "smokeless tobacco," implying that they are less harmful than smoking. These assertions are not based on strong scientific evidence. In addition to nicotine, spit tobacco contains several known carcinogens and toxins including formaldehyde, cyanide, arsenic, benzene, and lead.<sup>3</sup> Spit tobacco is the primary risk factor for cancers of the oral cavity (lips, tongue, cheeks, gums, jaw, and palate). The American Cancer Society estimates that spit tobacco users are 50 times more likely to develop oral or pharyngeal cancer than non-users.<sup>4</sup> Spit tobacco use is also a cause of gum disease and recession and tooth loss. The nicotine in spit tobacco has short-term systemic effects as well.<sup>5</sup> Several recent studies of the association between spit tobacco and heart disease, hypertension, stroke, and complications of diabetes have yielded inconsistent results.<sup>6</sup> The Montana Tobacco Use Prevention Program believes it is prudent to assume that spit tobacco may be a risk factor for these conditions unless it can be documented that it is not. There is no safe tobacco product.

In the 2005 Montana Adult Tobacco Survey, an anonymous, random telephone survey of adults age 18 and older, 55% of men and 8% of women reported that they had ever tried spit tobacco. Thirteen percent of men but very few women said they currently used spit tobacco. Spit tobacco use was most common among men between the ages of 35 and 54 and most common among men with less than a college education.

<sup>1</sup> National Spit Tobacco Education Program website, <http://www.nstep.org/WhatsinSpitTobacco.htm>

<sup>2</sup> Fant et al. 1999. *Tob Control* 8:387-392

<sup>3</sup> <http://www.cancer.gov/cancertopics/factsheet/Tobacco/smokeless>

<sup>4</sup> [http://www.cancer.org/docroot/PED/content/PED\\_10\\_2x\\_Smokeless\\_Tobacco\\_and\\_Cancer.asp](http://www.cancer.org/docroot/PED/content/PED_10_2x_Smokeless_Tobacco_and_Cancer.asp)

<sup>5</sup> Wolk et al. 2005. *J Am Coll Cardiol* 15:910-914; Asplund. 2003. *Prog Cardiovasc Dis* 45:383-394.

<sup>6</sup> Critchley and Unal. 2003. *Thorax* 58:435-443; Henley SJ et al. 2005. *Cancers Causes Control* 16:347-358; Bolinder G and de Faire U. 1999. *Am J Hypertens* 11:1153-1163; Persson PG et al. 2000. *J Intern Med* 248:103-110. Asplund. 2003. *Prog Cardiovasc Dis* 45:383-394.

### Initiation and Prevalence of Spit Tobacco Use

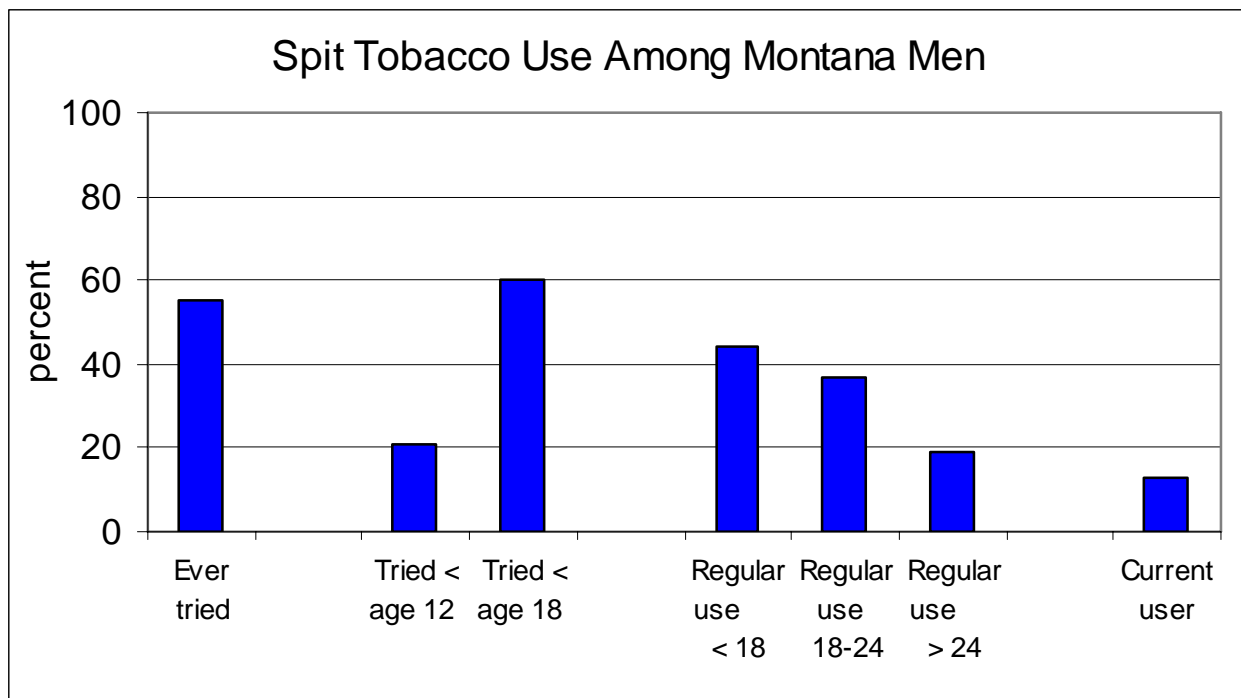
**Q: Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?**

**Q: How old were you when you tried chewing tobacco or snuff *for the first time*?**

**Q: How old were you when you first started chewing tobacco or using snuff *regularly*?**

**Q: Do you currently use chewing tobacco or snuff**

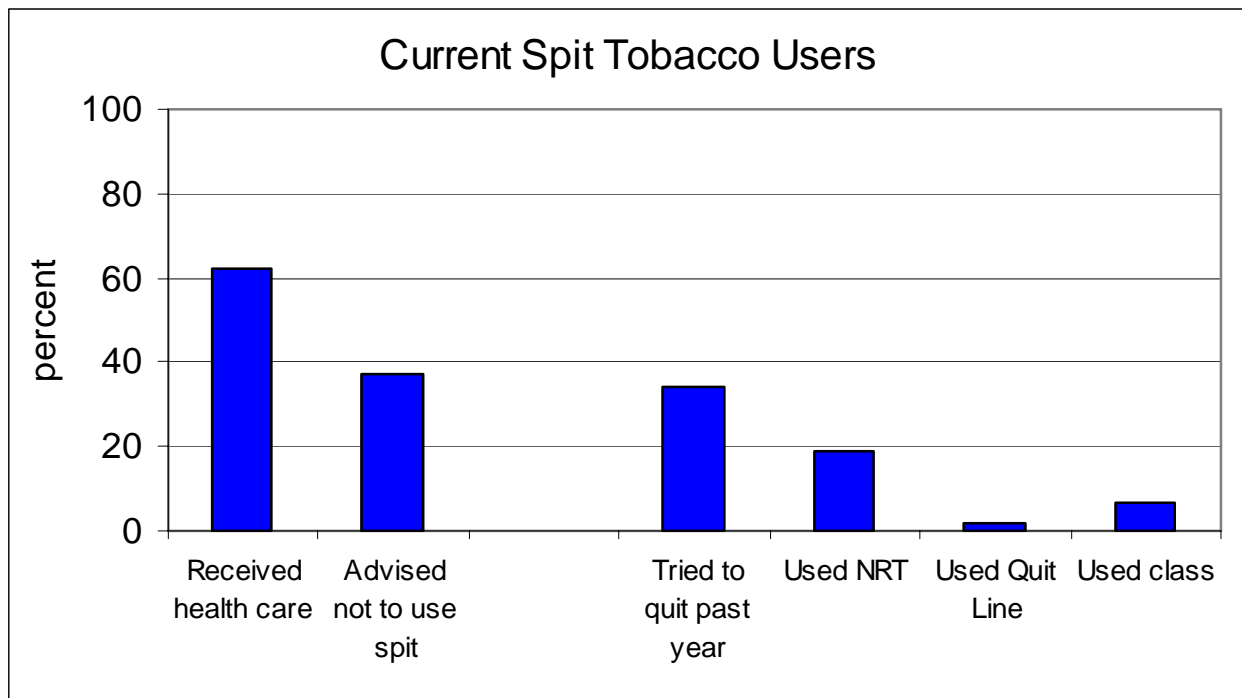
Every day  
Some days  
Not at all



More than half of Montana men have tried spit tobacco. Nearly two thirds tried it before age 18 and more than one fifth tried it before age 12. More than 40% of the men in the survey who had ever used spit tobacco reported using it regularly before age 18, more than a third started using it regularly between the ages of 18 and 24, and nearly a fifth started using it regularly at age 25 or older. A total of 13% of men were classified as current users of spit tobacco.

### Current Spit Tobacco Users

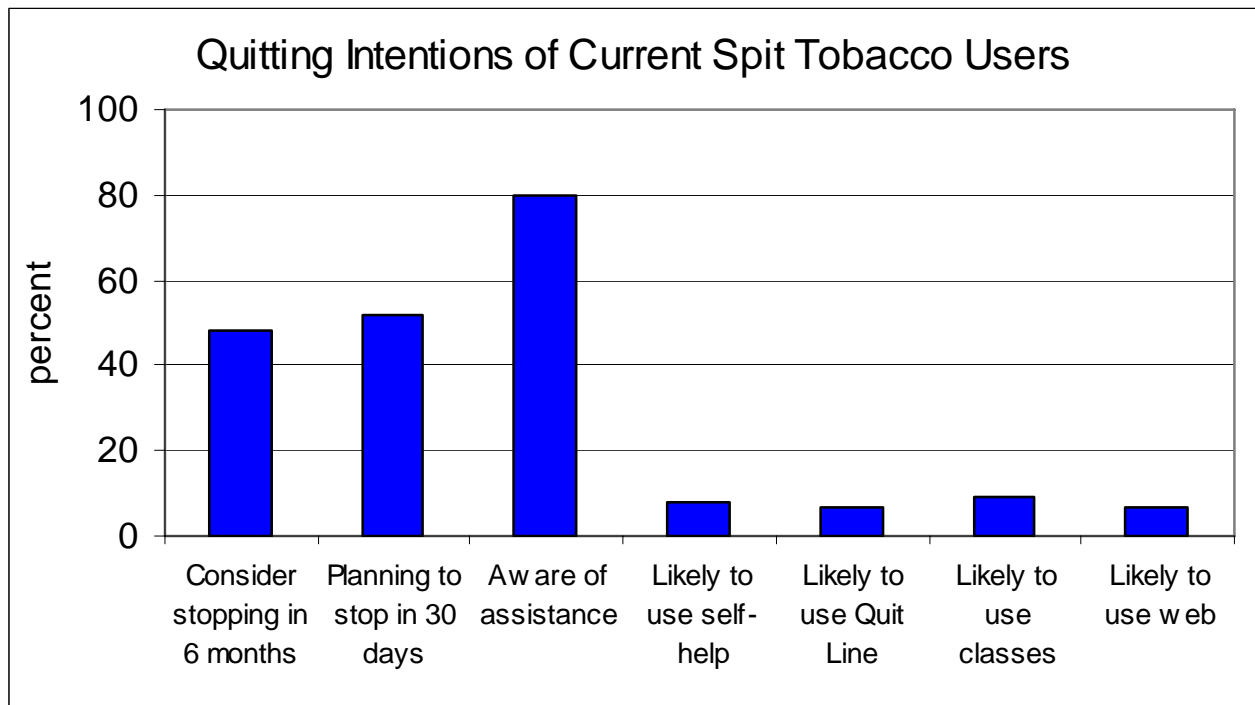
- Q: In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?**
- Q: During the past 12 months, did a doctor, nurse, or other health professional advise you *not* to use chewing tobacco or snuff?**
- Q: During the past 12 months, have you stopped using chewing tobacco or snuff for one day or longer because you were trying to quit?**
- Q: The last time you tried to quit using chewing tobacco or snuff, did you  
use the nicotine patch, nicotine gum, or any other medication?  
use a telephone quit line?  
use *any other* assistance such as classes or counseling?**



Sixty-two percent of spit tobacco users had visited a doctor, nurse, or other health care professional within the 12 months before the survey. Only 37% of those who had seen a care giver had been advised to quit using spit tobacco. Thirty-four percent of current spit tobacco users had tried to quit in the 12 months before the survey. Some respondents reported using Nicotine Replacement Therapy (NRT) in their last quit attempt, but very few reported using a toll-free telephone Quit Line or classes or counseling. This is similar to smokers who had tried to quit in the 12 months before the survey: more than one third had used NRT, but they rarely used a Quit Line or classes or counseling.

### Current Spit Tobacco Users

- Q: Are you seriously considering stopping using chewing tobacco or snuff within the next six months?**
- Q: Are you planning to stop using chewing tobacco or snuff within the next 30 days?**
- Q: Are you aware of assistance that might be available to help you quit using chewing tobacco or snuff, such as telephone quit lines or local health clinic services?**
- Q: The next time you try to quit using chewing tobacco or snuff, will you be very likely, somewhat likely, not likely, or not at all likely to use any of the following cessation services?**
- Self-help materials such as booklets, videos, or other materials
  - An 800 toll-free quit line
  - Local cessation classes or a program
  - An online web-based cessation program



Many Montana men who use spit tobacco would like to quit: 47% were considering stopping within six months and 52% were planning to quit within 30 days. Eighty percent were aware of assistance to quitting, but very few indicated that they intended to use any of the forms of assistance available.

### Summary

More than half of Montana men have tried spit tobacco and 13% are current users. Most current spit tobacco users who have tried unsuccessfully to quit did not take advantage of assistance to quitting. Current users who expressed an intention to quit are aware of assistance to quitting but do not anticipate using such assistance. Several modalities of assistance are effective for spit tobacco cessation. Public health campaigns and health care providers should encourage the use of all modalities that are acceptable to individuals trying to quit.

The prevalence of spit tobacco use in Montana has been relatively constant at 12-13% of adult men since 1995. In 1999, the last year in which questions about spit tobacco use were asked nationally, 12.5% of Montana men were current users, compared to 8% of men nationally.<sup>7</sup> Montana is now initiating a systematic approach to reduce the use of spit tobacco.

Beginning in 2006, the Montana Tobacco Use Prevention Program and its partners are implementing a **Spit Tobacco Strategic Initiative for Montana**. The Initiative includes a wide variety of strategies:

- Establish a Spit Tobacco Strategic Initiative Working Group
- Develop community education materials specifically about spit tobacco
- Include spit tobacco in all Montana Tobacco Use Prevention Program materials
- Engage a variety of statewide partners
  - Primary health care providers
  - Oral health care providers
  - Public health groups and associations
  - Youth groups
- Develop and disseminate school curricula about spit tobacco
- Conduct *Through with Chew* promotions statewide
- Promote stronger tobacco product control legislation and enforcement
- Ensure that the Montana Clean Indoor Air Act is enforced with regard to spit tobacco and other tobacco products on school property
- Expand QuitLine services to meet the needs of spit tobacco users who want to quit

For more information about Montana's spit tobacco initiative, please contact Kimberly Koch at 406-444-5687 or [kkoch@mt.gov](mailto:kkoch@mt.gov).

Additional information is available at our website, [www.tobaccofree.mt.gov](http://www.tobaccofree.mt.gov)

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<sup>7</sup> <http://apps.nccd.cdc.gov/brfss/years.asp?yr=2005&state=All&cat=ST>

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